**Instructions to new vendors:**

Please fill in all the fields under the heading “*Information to be Supplied by Proposed New Vendor*”. We will use this information to set an account up for you in our financial system.

Please note this document is used to gather information and the onus is on you to ensure that all the details are correct.

**Notes:**

* **Principal** means Red 5 Limited (ABN 73 068 647 610) and its related bodies corporate including;
	+ Darlot Mining Company Pty Ltd (DMC) ABN 78 165 235 245, and
	+ Greenstone Resources (WA) Pty Ltd (KoTH) ABN 58 100 341 599
* The requestor is responsible for requesting the below information from the proposed vendor.
* The proposed new vendor should submit the below information to the Principal’s representative who intends using their services (the requestor)
* Payment will be made to the vendor within Thirty (30) days of the end of the month in which the tax invoice is submitted, in accordance to the Principal’s standard Terms and Conditions.
* All goods and services supplied shall be in accordance to the Principal’s Purchase Order Terms and Conditions, which can be viewed on <https://www.red5limited.com/site/contact/supply-chain/standard-terms-and-conditions>, or where there is an Agreement number referenced, then the terms and conditions of the referenced Agreement shall apply:
	+ Signature of this Vendor Information Request will constitute acceptance of the Principal’s standard terms and conditions set out in the preceding link.

**Please scan and send the COMPLETED SIGNED Version to:**

**Vendors@red5ltd.com**

**PART A: INFORMATION TO BE SUPPLIED BY PROPOSED NEW VENDORS**

**NOTE: In your response, please fill in the following fields and print this document onto your company letterhead and ensure that it is signed off by an appropriate employee. We will not be able to process any *payments unless this requirement is fulfilled.***

|  |  |
| --- | --- |
| **Entity Name** |  |
| **Trading Name** |  |
| **No. of Employees** |  |
| **ACN** |  | **ABN** |  |
| **Ultimate Parent Company Name** |  |
| **Street Address** |  |
| **Postal Address** |  |
| **Telephone** |  | **Facsimile (office)** |  |
|  |
| **Accounts Receivable – Contact Person** | **First Name** | **Surname** |
|  |  |
| **Accounts Receivable – Phone** |  |
| **Accounts Receivable – Fax** (for sending Remittances) |  |
| **Accounts Receivable – Email** (for sending Remittances) |  |
|  |  |
| **Purchasing – Contact Person** | **First Name** | **Surname** |
|  |  |
| **Purchasing – Phone** |  |
| **Purchasing – Fax** (for sending Purchase Orders) |  |
| **Purchasing – Email** (for sending Purchase Orders) |  |
|  |  |
| **For Services Only** | **Is your organization registered with the WA State Revenue Dept. for payroll tax?** |  |
|  |
| **Banking Details** |
| **Account Name** |  |
| **Bank** |  |
| **BSB Number** |  |
| **Bank Account Number** |  |
| **Bank Branch** |  |

|  |
| --- |
| **Insurance Certificates of Currency Note:** If you desire to provide any form of services to the Principal, it is a requirement of our insurers to obtain copies of your Certificate of Currency for all applicable insurances.**If applicable**, please send appropriately endorsed Certificates of Currency (refer PO Terms) with this completed form.  |
| **Certificates of Currency Attached:** | [ ]  **Professional Indemnity** | [ ]  **Public & Product Liability** |
| [ ]  **Motor Vehicle Insurance** | [ ]  **Workers Compensation** |
|  | [ ]  **Industrial Disease (If going on site)** |
|  |
| **CONFLICT OF INTEREST DECLARATION: To be completed by the Company Manager**: Please declare if you or any of your company employees know of or have any conflict of interest (including by way of direct association, pecuniary interest, control or direct involvement) with the Principal or its employees by selecting whichever is applicable and then signing below. |
| I declare **I DO** [ ]  or **I DO NOT** [ ] have a conflict of interest in relation to the Principal or its employees. |
| **Company Manager Name** |  | **Signature** |  |
| **Registered Company Name** |  | **Date** |  |
|  |
| I hereby agree to the Principal’s standard Terms & Conditions and confirm that the Banking details provided are correct. |
| **Authorised Officer** |  | **Signature** |  |
| **Position** |  | **Date** |  |

**PLEASE ENSURE YOU SIGN BOTH SECTIONS**

Please select the appropriate product categories below which you supply

 Equipment Supply Good Supply Service Supply

**Services supply:** Please select specific product categories for services.

|  |  |
| --- | --- |
| GENERAL SERVICES  | CONSTRUCITON SERVICES  |
| CONSULTING SERVICES  | AVIATION SERVICES  |
| ENGINEERING SERVICES  | PROFESSIONAL SERVICES  |
| DRILLING SERVICES  | SMALL SCALE GENERAL SERVICES  |
| INFORMATION TECHNOLOGY SERVICES  | CATERING AND JANITORIAL SERVICES  |
| ACCOMODATION SERVICES  | If others, please specify  |

**Goods Supply**: Please select specific product categories for goods.

|  |  |
| --- | --- |
| AMMUNITION AND EXPLOSIVES  | FURNISHINGS  |
| PIPE, TUBING, HOSE  | OFFICE SUPPLIES  |
| VALVES  | PRINTED MATERIALS  |
| HAND TOOLS  | RECREATIONAL EQUIPMENT  |
| HARDWARE AND ABRASIVES  |  CLEANING EQUIPMENT  |
| WOOD MATERIALS  | BRUSHERS, PAINTS  |
| CONSTRUCTION MATERIALS  | PACKING SUPPLIES  |
| ELECTRICAL COMPONENTS  | FABRICS,PADDING,LEATHER  |
| FIBRE OPTICS  | CLOTHING,INDIVIDUAL EQUIP  |
| LIGHTING FIXTURES, LAMPS  | TOILETRIES  |
| SECURITY DETECTION SYS  | AGRICULTURAL SUPPLIES  |
| MEDICAL SUPPLIES  | FUELS, LUBRICANTS, OILS  |
| LABORATORY EQUIPMENT  | NONMETALLIC CRUDE MAT  |
| PHOTOGRAPHIC EQUIPMENT  | METAL BARS, SHEETS  |
| CHEMICALS  | ORES, MINERALS, SCRAP  |
| FURNITURE HOUSEHOLD  | If others, please specify  |

**Equipment Supply:** Please select specific product categories for equipment.

|  |  |
| --- | --- |
| FIRE CONTROL EQUIPMENT  | METALWORKING MACHINERY  |
| RAILWAY EQUIPMENT  | REFRIGERATION EQUIP  |
| TRACTORS  | FIRE FIGHTING  |
| VEHICULAR COMPONENTS  | COMPRESSORS AND PUMPS  |
| TIRES AND TUBES  | PLUMBING, HEATING EQUIP  |
| ENGINES, TURBINES  | WATER PURIFICATION  |
| ENGINE ACCESSORIES  | COMMUNICATION EQUIP  |
| POWER TRANSMISSION EQUIP  | TEST EQUIPMENT  |
| BEARINGS  | If others, please specify  |